

LICENSE VERIFICATION REQUEST FORM

***** NEW ***** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to <https://www.nursys.com>

Please use blue or black ink.

See reverse side for form eligibility and instructions. ➡

PERSONAL INFORMATION

| | | |
|-------------------------|------------------------------------|-----------------------------|
| Social Security Number: | | Date of Birth: (mm/dd/yyyy) |
| First Name: | Middle Name: | Last Name: |
| Maiden Name: | Date of Original License (mm/yyyy) | |
| Street Address: | | |
| City: | State: | Zip/Postal Code: |
| Country: | Home Phone: | Work Phone: |

ENDORSEMENT INFORMATION List the license types that you need verified

| License Type (check one) | Total Verification Fee |
|---|---------------------------|
| LPN: <input type="checkbox"/> | \$30.00 |
| RN: <input type="checkbox"/> | \$30.00 |
| Both LPN & RN: <input type="checkbox"/> | \$60.00 |
| Fees are not refundable | |

The only acceptable forms of payment are
CERTIFIED CHECK, CASHIER'S CHECK,
or **MONEY ORDER.**

Made payable to: NCSBN
DO NOT SEND cash, personal checks, business checks, or travelers checks.

LICENSE INFORMATION List all licenses that you have ever held

| Jurisdiction/State | RN License Number | PN License Number |
|--------------------|-------------------|-------------------|
| Original _____ | _____ | _____ |
| Additional _____ | _____ | _____ |
| Additional _____ | _____ | _____ |
| Additional _____ | _____ | _____ |

States applying to: _____

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit NCSBN and/or its Member Boards to verify my licensure, educational, disciplinary, and related information in Nursys® for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of \$_____ in guaranteed funds is attached.

Mail this form to:

National Council of State Boards of Nursing, Inc.
35331 Eagle Way
Chicago, IL 60678-1353
DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING

Signature _____

Date _____

FORM INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys®. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

If you do not need verification of a license from one of the states listed below, **DO NOT** complete this form. Instead, follow the verification instructions of the state where you are seeking licensure. Complete this form **ONLY** if the state where you are seeking licensure requires verification from one of the states listed below.

| | | | |
|---------------|--------------------|---------------------|-------------------------|
| Alaska (AK) | Kentucky (KY) | New Hampshire (NH) | Tennessee (TN) |
| Arizona (AZ) | Maine (ME) | New Jersey (NJ) | Texas (TX) |
| Arkansas (AR) | Maryland (MD) | New Mexico (NM) | Utah (UT) |
| Colorado (CO) | Massachusetts (MA) | North Carolina (NC) | Vermont (VT) |
| Delaware (DE) | Minnesota (MN) | North Dakota (ND) | Virginia (VA) |
| Florida (FL) | Mississippi (MS) | Ohio (OH) | West Virginia - PN (WV) |
| Idaho (ID) | Missouri (MO) | Oregon (OR) | Wisconsin (WI) |
| Indiana (IN) | Montana (MT) | South Carolina (SC) | |
| Iowa (IA) | Nebraska (NE) | South Dakota (SD) | |

3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT:** To verify RN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is \$30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses, the total fee is \$60, regardless of how many states you are licensed in or how many states you are applying to.

All payments must be in guaranteed funds. **The only acceptable forms of payment are: certified checks, cashiers checks, or money orders** – made payable to the **NCSBN**. **DO NOT SEND** cash, personal checks, business checks, credit cards, or traveler's checks. **Fees are non-refundable.**

5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys® in the order in which they are received at NCSBN. **The verification report will remain in Nursys® for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement Application, the board will access Nursys® to verify any licenses held in the states listed in number 2 above. No paper reports are sent from NCSBN.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional \$30 and submit a new verification request form to NCSBN.
8. Nursys® information is updated from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next update before the information is available in Nursys® for license verification.
9. If you have questions regarding this form, please contact the Nursys® License Verification Department at (312) 525-3780 or toll free (866) 819-1700.

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